

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

08533207

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	11 minus 20 = *	
INDEPENDENT CLAIMS	35 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	365.00
x\$11=	
x38=	1
+120=	
TOTAL	

RATE	FEE
	730.00
x\$22=	
x76=	52
+240=	
TOTAL	730

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 11 Minus ** 20 =		
Independent	* 3 Minus *** 5 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 21 Minus ** =		
Independent	* Minus *** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20 Minus ** 20 =		
Independent	* 5 Minus *** 3 = 2		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x76=	1.21
+240=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR

RATE	FEE
	790.00
x\$22=	
x82=	
+270=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 12	Minus	** 20	=
	Independent	* 4	Minus	*** 5	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

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PATENT APPLICATION FEE DETERMINATION RECORD

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CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	385.00
x\$11=	
x40=	
+130=	
TOTAL	

RATE	FEE
	770.00
x\$22=	
x80=	
+260=	
TOTAL	

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CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 13	Minus ** 20	=
Independent	* 4	Minus *** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

7-10096-00520 DIA 11/17

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>11/3/95</u>		2 Serial/Patent # <u>08533207</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			11/21/95							
<input type="checkbox"/> Amendment			\$ 152 ⁰⁰							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 152 ⁰⁰							
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table>				--				
		--								
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Duane A. McCray</u>		TITLE: <u>Clerk</u>								
SIGNATURE: <u>Duane A. McCray</u>		PHONE: <u>308-6473</u>								
OFFICE:										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Bill Phillips</u>		DATE: <u>11-15-95</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	240	1	08533207	00032	951017	951018	581	40.00
C	240	1	08533207	00033	951017	951018	101	882.00

NO MORE TRANSACTIONS

END OF YOUR QUERY

15 20
24 21